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<b>Application Number</b>	10/ 817,172
<b>Filing Date</b>	April 2, 2004
<b>First Named Inventor</b>	Donald P. Bushby
<b>Title</b>	System For Treatment of Plantar Fasciitis
<b>Art Unit</b>	3772
<b>Examiner Name</b>	Tarla R. Patel
<b>Attorney Docket Number</b>	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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☒ Applicant/Inventor.

**OR**

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Donald P. Bushby*

Date

Nov 22, 2008

Name

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Title and Company

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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